



BC Life & Health  
Insurance Company



# PPO 3500 (HSA-Compatible) Plan

Individual and Family Health Care Plans for California



# PPO 3500 (HSA-Compatible) Plan

## Is this plan for you?

- Gives you the opportunity to combine a tax-advantaged health savings account (HSA) with your health plan
- Simple, comprehensive coverage – just meet your medical deductible and then pay \$0 for most covered services in-network
- Brand-name and generic prescription drug coverage
- Combined medical/pharmacy deductible – so your payments for prescription drugs apply toward your deductible and out-of-pocket maximum
- No maternity benefits

## What else do you get?

- Access to over 50,000 California network doctors and specialists and over 400 hospitals – **so chances are your doctor is one of ours**
- **Money in your pocket** – because we've negotiated lower fees with our network doctors and hospitals, your share of costs is less (a lot less)
- **Free health and wellness programs** – designed to keep you as healthy as can be
- Out-of-state coverage – **so you'll feel better wherever you are**

Be sure to also check out our dental plans and life insurance on pages 13 and 14.

Without health coverage, you could pay an average of \$27,984 for a 3-day hospital stay. Don't wait to get the protection you need.

# PPO 3500 (HSA-Compatible) Plan

These amounts show your share of costs after deductibles, if any

Benefit	In-Network	Out-of-Network
<b>Annual Deductible</b> (Combined for In-Network and Out-of-Network) (Combined for medical benefits and prescription drugs)	<b>Single member: \$3,500</b> <b>Families: \$7,000 aggregate*</b>	<b>Single member: \$3,500</b> <b>Families: \$7,000 aggregate*</b>
<b>Lifetime Maximum</b> (Combined for In-Network and Out-of-Network)	\$5,000,000 per member	\$5,000,000 per member
<b>Annual Out-of-Pocket Maximum<sup>1</sup></b> (Combined for In-Network and Out-of-Network) (Combined for medical benefits and prescription drugs)	<b>Single member: \$5,000</b> <b>Families: \$10,000 aggregate*</b>	<b>Single member: \$5,000</b> <b>Families: \$10,000 aggregate*</b>
<b>Doctors' Office Visits</b>	\$0 after deductible	50% of negotiated fee plus all excess charges (after deductible)
<b>Professional Services</b> (X-ray, lab, anesthesia, surgeon, etc.)	\$0 after deductible	50% of negotiated fee plus all excess charges (after deductible)
<b>Hospital Inpatient (Overnight Hospital Stays)</b>	\$0 after deductible <sup>2</sup>	All charges except \$650 per day (after deductible)
<b>Hospital Outpatient (If You Don't Stay Overnight)</b>	\$0 after deductible <sup>2</sup>	All charges except \$380 per day (after deductible)
<b>Emergency Room Services<sup>3</sup></b>	\$0 after deductible	All charges in excess of customary and reasonable fees (after deductible)
<b>Maternity</b>	<b>Not Covered</b>	<b>Not Covered</b>
<b>Preventive Care</b>	Routine mammogram, Pap and PSA tests <sup>4</sup> : \$0 after deductible	Routine mammogram, Pap and PSA tests <sup>4</sup> : 50% of negotiated fee plus all excess charges (after deductible)
	Well Baby and Well Child (through age 6): \$0 after deductible	Well Baby and Well Child (through age 6): 50% of negotiated fee plus all excess charges (after deductible)
	HealthyCheck <sup>SM</sup> Centers <sup>5</sup> : \$25/\$75 copay for basic/premium screening (deductible waived)	
<b>Ambulance</b>	\$0 after deductible	50% of negotiated fee plus all excess charges (after deductible)
<b>Physical/Occupational Therapy; Chiropractic Services</b>	\$0 after deductible <sup>6</sup>	All charges except \$25 per visit <sup>6</sup> (after deductible)
<b>Acupuncture/Acupressure</b> (Combined for In-Network and Out-of-Network)	All charges except \$25 per visit, up to 24 visits per year (after deductible)	All charges except \$25 per visit, up to 24 visits per year (after deductible)
<b>Prescription Drugs (Blue Cross Formulary Drugs<sup>7</sup>)</b>	\$10 copay generic; \$30 copay brand-name <sup>8</sup> (after annual deductible) 30% of negotiated fee for self-administered injectables, except insulin (after annual deductible)	50% of drug limited fee schedule and all excess charges plus the copay/coinsurance as stated for in-network benefits (after annual deductible)

\*When one or more family members' eligible covered expenses (combined) meet the aggregate amount, the requirement is satisfied for all covered family members.

<sup>1</sup> Excludes non-participating charges in excess of the Blue Cross negotiated fee and non-participating charges in excess of customary and reasonable fees for emergency care. Copays/coinsurance to participating and non-participating providers apply to out-of-pocket maximum except where specifically noted in the policy.

<sup>2</sup> Additional \$500 admission charge at participating hospitals (no additional charge for preferred participating) is for inpatient stays or outpatient surgery or infusion therapy. The charge is not required for ambulatory surgical centers or medical emergencies.

<sup>3</sup> Additional \$100 copay applies for each emergency room visit. Waived if admitted as inpatient.

<sup>4</sup> Tests ordered by a physician are covered, including appropriate screening for breast, cervical and ovarian cancer.

<sup>5</sup> One HealthyCheck visit at a HealthyCheck Center only allowed for each 12-month period. HealthyCheck applies only to adults and children age 7 and above.

<sup>6</sup> Visits to participating and non-participating providers combined. Additional visits may be authorized.

<sup>7</sup> Non-Formulary Drugs: You pay 50% for generic, 100% for brand-name up to the brand-name deductible, then either: 50% if no generic is available, or generic copay plus the difference between brand-name and available generic equivalent.

<sup>8</sup> If a member selects a brand-name drug when a generic equivalent drug is available, even if the physician writes a "dispense as written" or "do not substitute" prescription, the member will be responsible for the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. The amount paid does not apply to the member's brand-name deductible.

## Talk With Your Tax Advisor About HSAs

A high-deductible health plan is not a health savings account (HSA). An HSA is a separate arrangement between an individual and a qualified financial institution. To take advantage of tax benefits, an HSA needs to be established. This brochure provides general information only and is not intended to be a substitute for the advice of a qualified tax professional. If you are considering an HSA, talk with your tax advisor.



**Our PPO 3500 (HSA-Compatible) Plan gives you low monthly premiums and the opportunity to set up a tax-advantaged health savings account.**



# What the Medical Plan Does Not Cover

Please take a few moments to review the exclusions and limitations. We want you to understand what your coverage does not include before you enroll.

These listings are an overview only. The PPO 3500 (HSA-Compatible) Plan Policy booklet contains a comprehensive list of the plan's exclusions and limitations. For a sample copy of a Policy booklet, ask your agent or contact BC Life & Health Insurance Company.

## Exclusions and Limitations

- Maternity or pregnancy care.
- Conditions covered by workers' compensation or similar law.
- Experimental or investigative services.
- Services provided by a local, state, federal or foreign government, unless you have to pay for them.
- Services or supplies not specifically listed as covered under the Policy.
- Services received before your effective date.
- Services received after coverage ends.
- Services you wouldn't have to pay for without insurance.
- Services from relatives.
- Any services received by Medicare benefits without payment of additional premium.
- Services or supplies that are not medically necessary.
- Routine physical exams, except for preventive care services (e.g., physical exams for insurance, employment, licenses or school are not covered).
- Any amounts in excess of the maximum amounts listed in the Policy.
- Sex changes.
- Cosmetic surgery.
- Services primarily for weight reduction except medically necessary treatment of morbid obesity.
- Dental care, dental implants or treatment to the teeth, except as specifically stated in the Policy.
- Hearing aids.
- Contraceptive drugs and/or certain contraceptive devices, except as specifically stated in the Policy.
- Infertility services.
- Private duty nursing.
- Eyeglasses or contact lenses, except as specifically stated in the Policy.
- Vision care including certain eye surgeries to replace glasses, except as specifically stated in the Policy.
- Mental and nervous disorders and substance abuse, except as specifically stated in the Policy.
- Certain orthopedic shoes or shoe inserts, except as specifically stated in the Policy.
- Services or supplies related to a preexisting condition.
- Outdoor treatment programs.
- Telephone or facsimile machine consultations.
- Educational services except as specifically provided or arranged by Blue Cross.
- Nutritional counseling.
- Food or dietary supplements, except for formulas and special food products to prevent complications of phenylketonuria (PKU).
- Care or treatment furnished in a non-contracting hospital, except as specifically stated in the Policy.
- Personal comfort items.
- Custodial care.
- Certain genetic testing.
- Outpatient speech therapy, except as specifically stated in the Policy.
- Any amounts in excess of maximums stated in the Combined Policy.
- Outpatient drugs, medications or other substances dispensed or administered in any outpatient setting.
- Services or supplies supplied to any person not covered under the Policy in connection with a surrogate pregnancy.

# General Provisions

## Mental Health Coverage

Blue Cross provides the same level of coverage as other medical diagnoses for the medically necessary treatment of severe mental illnesses in persons of any age. Severe mental illness, as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual (DSM), includes the following diagnoses:

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder (manic-depressive illness)
- Major depressive disorders
- Panic disorder
- Obsessive-compulsive disorder
- Pervasive developmental disorder or autism
- Anorexia nervosa
- Bulimia nervosa

BCL&H also provides the same level of coverage as other medical diagnoses for serious emotional disturbances in children that result in behavior inappropriate to the child's age, according to expected developmental norms.

For the PPO 3500 (HSA-Compatible) Plan, coverage is provided for non-severe mental and nervous disorders and substance abuse as follows:

- Inpatient Hospital (30 days/year maximum) – You pay all charges except \$175/day after your deductible is met.
- Professional Services (1 visit/day; 20 visits/year maximum) – You pay all charges except \$25/visit after your deductible is met.

**For more details regarding these benefits, refer to the Policy booklet.**

## Emergency Care

Blue Cross covers emergency services necessary to screen and stabilize your condition. No authorization or precertification is required if you reasonably believe an emergency medical condition exists. A medical emergency is an unexpected acute illness, injury or condition that could endanger your health if not treated immediately. Examples of medical emergencies include:

- Severe pain
- Chest pains
- Heavy bleeding
- Difficulty breathing or shortness of breath
- Sudden loss of consciousness
- Sudden weakness or numbness of the face, arm or leg on one side of the body

When you consider a medical condition to be an emergency, immediately call 911 or go to the nearest hospital emergency room. Once your condition is stabilized, it is important for the hospital, you or a family member to contact your physician or Blue Cross about the authorization of additional services.

# Rights and Obligations

## No-Obligation Review Period

After you enroll in a plan offered by BC Life & Health Insurance Company (BCL&H), you will receive a Policy booklet that explains the exact terms and conditions of coverage, including the plan's exclusions and limitations. You have 10 full days to examine your plan's features. During that time, if you are not fully satisfied, you may decline by returning your Policy booklet along with a letter notifying us that you wish to discontinue coverage. Policy booklets are available for you to examine prior to enrolling. Ask your agent or BCL&H.

## Guarding Your Privacy

BCL&H is fully committed to protecting our members' privacy. Our complete **Notice of Privacy Practices** provides a comprehensive overview of the policies and practices we enforce to preserve our members' privacy rights and control use of their health care information, including: the right to authorize release of information; the right to limit access to medical information; protection of oral, written and electronic information; use of data; and information shared with employers. You may obtain our complete Notice of Privacy Practices from our Web site at [www.bluecrossca.com](http://www.bluecrossca.com). You may also call the Customer Service number listed on your member ID card or prospective members can call 1-800-333-0912.

## Utilization Management and Pre-Service Review

The Blue Cross Utilization Management and Pre-Service Review Program helps members receive coverage for appropriate treatment in the appropriate setting. Four review processes are included:

- 1) Pre-Service Review assesses medical necessity before services are provided;
  - 2) Admission Review determines at the time of admission if the stay or surgery is Medically Necessary in the event Pre-Service Review is not conducted;
  - 3) Continued Stay Review determines if a continued stay is Medically Necessary;
  - 4) Retrospective Review determines if the stay or surgery was Medically Necessary after care has been provided if none of the first three reviews were performed.
- Utilization Management and Pre-Service Review is not the practice of medicine or the provision of medical care to you. Only your doctor can provide you with medical advice and medical care.

## Requirement for Binding Arbitration

If you are applying for coverage, please note that BCL&H requires binding arbitration to settle **any and all** disputes including medical malpractice, breach of contract and benefits. This means that you are waiving your right to a jury or court trial for **both** medical malpractice claims and any other disputes. California Health and Safety Code Section 1363.1 and Insurance

Code Section 10123.19 require specified disclosures in this regard, including the following notice: "It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration." Both parties also agree to give up any right to pursue on a class basis any claim or controversy against the other.

## California Department of Insurance

If you have a problem regarding your coverage, please contact BCL&H to resolve the issue. If you are unable to resolve the matter, you may request a review by the California Department of Insurance (CDI) at the following address and telephone number:

California Department of Insurance,  
Consumer Affairs Bureau  
300 South Spring Street, South Tower  
Los Angeles, California 90013  
1-800-927-HELP (4357).

You may also be eligible for an Independent Medical Review (IMR) of disputed health care services from the California Department of Insurance if you believe that BCL&H has improperly denied, modified, or delayed health care services. A disputed health care service is any health care service eligible for coverage and payment under your plan that has been denied, modified or delayed by BCL&H, in whole or in part because the service is not Medically Necessary.

The IMR process is in addition to any other procedures or remedies that may be available to you. If you need additional information about IMR or require help in completing the form, you may call (818) 234-3353 or you may write to:

BC Life & Health Insurance Company  
P.O. Box 4310  
Woodland Hills, CA 91365.

Your BCL&H Policy contains an arbitration clause. Disagreements between you and BCL&H which exceed small claims court jurisdictional limits will be resolved through arbitration. To initiate arbitration, a written request must be submitted to your dedicated processing unit who will provide you with information to initiate arbitration.

## Incurred Medical Care Ratio

As required by law, we are advising you that Blue Cross of California and its affiliated companies' incurred medical care ratio for 2006 was 81.53 percent. This ratio was calculated after provider discounts were applied.

# Enrollment Guidelines

## To enroll, you must be:

- Age 64¾ or younger;
- A permanent legal resident of California;
- A U.S. resident for at least the last 3 months;
- The applicant's spouse or domestic partner, age 64¾ or younger;
- The applicant's children, or the children of the applicant's enrolling spouse, under 19 years of age;
- The applicant's unmarried dependent children between the ages of 19 through 22 ("dependent" as defined by the Internal Revenue Service)

## Medical Underwriting Requirement

We believe that the cost of our plans should be consistent with a member's expected health care needs and risk factors. That's why Blue Cross offers various levels of coverage. To determine individual medical risk factors, all applications are subject to medical underwriting. Depending on the results of the underwriting review, a number of things may happen:

- You may be offered coverage at the standard premium charge, or
- You may be offered the plan you selected at a higher rate, or
- You may not qualify for the plan listed in this brochure, or
- You may be offered an alternate plan.

If you have a significant medical condition and do not qualify for the plan in this brochure or if you have discontinued group coverage, please contact your Blue Cross representative for information regarding other Individual coverage options.

## Waiting Periods

For the PPO 3500 (HSA-Compatible) Plan, there is a specific six-month waiting period for coverage of any condition, disease or ailment for which medical advice or treatment was recommended or received within six months preceding the effective date of coverage. If you apply for coverage within 63 days of terminating your membership with another "creditable" health care plan, then you can use your prior coverage for credit toward the six-month waiting period. BCL&H will credit the time you were enrolled on the previous plan. Consult with your BCL&H agent or representative if you have a question about the underwriting process.

## Terms of Coverage

Coverage remains in force as long as you pay the required premiums on time and for as long as you remain eligible for membership. Coverage will cease if you become ineligible because of residency requirements or duplicate Individual coverage with Blue Cross.

Blue Cross may change or terminate coverage for all covered persons with the same plan, rating area and deductible (if applicable), including changing rates, with 30 days prior written notice. Blue Cross does not change coverage or rates unless the change applies to all covered persons of the same class.

**Even if you don't want to open an HSA, this plan features great benefits all on its own.**

# Medical Rating Area Definitions

The following indicates the counties and/or ZIP codes for each rating area. The subscriber's home address determines the rating area.

<b>Alameda</b>	95304, 95377, 95391	Area 2	<b>Riverside</b>	92883	Area 4
	all other Alameda ZIPs	Area 3		all other Riverside ZIPs	Area 6
<b>Alpine</b>		Area 2	<b>Sacramento</b>	94571	Area 3
<b>Amador</b>		Area 2		all other Sacramento ZIPs	Area 2
<b>Butte</b>		Area 3	<b>San Benito</b>	93930, 95004	Area 1
<b>Calaveras</b>		Area 2		all other San Benito ZIPs	Area 2
<b>Colusa</b>		Area 3	<b>San Bernardino</b>	91766, 91792	Area 9
<b>Contra Costa</b>		Area 3		93516, 93555	Area 7
<b>Del Norte</b>		Area 1		all other San Bernardino ZIPs	Area 6
<b>El Dorado</b>		Area 2	<b>San Diego</b>		Area 6
<b>Fresno</b>	93245, 93618	Area 7	<b>San Francisco</b>		Area 3
	all other Fresno ZIPs	Area 2	<b>San Joaquin</b>	94514	Area 3
<b>Glenn</b>		Area 3	all other San Joaquin ZIPs	Area 2	
<b>Humboldt</b>		Area 3	<b>San Luis Obispo</b>	93252	Area 7
<b>Imperial</b>		Area 6		93426	Area 1
<b>Inyo</b>	93527	Area 7		all other San Luis Obispo ZIPs	Area 8
	all other Inyo ZIPs	Area 2	<b>San Mateo</b>		Area 2
<b>Kern</b>	93536	Area 9	<b>Santa Barbara</b>	93252	Area 7
	93558	Area 6	all other Santa Barbara ZIPs	Area 8	
	all other Kern ZIPs	Area 7	<b>Santa Clara</b>	94303, 95023	Area 2
<b>Kings</b>	93242, 93631, 93656	Area 2	all other Santa Clara ZIPs	Area 3	
	all other Kings ZIPs	Area 7	<b>Santa Cruz</b>		Area 3
<b>Lake</b>		Area 3	<b>Shasta</b>		Area 1
<b>Lassen</b>		Area 1	<b>Sierra</b>	95922	Area 3
<b>Los Angeles</b>	ZIP codes beginning with 906-912, 915, 917, 918 & 935 except 90623, 90630, 90631, 91709, 93560	Area 9		95960	Area 2
	90623, 90630, 90631	Area 4		all other Sierra ZIPs	Area 1
	91709	Area 6	<b>Siskiyou</b>		Area 1
	93243, 93560	Area 7	<b>Solano</b>	95690	Area 2
	all other Los Angeles ZIPs	Area 5	all other Solano ZIPs	Area 3	
<b>Madera</b>		Area 2	<b>Sonoma</b>		Area 3
<b>Marin</b>		Area 2	<b>Stanislaus</b>		Area 2
<b>Mariposa</b>		Area 2	<b>Sutter</b>	95626, 95648, 95837	Area 2
<b>Mendocino</b>		Area 3		all other Sutter ZIPs	Area 3
<b>Merced</b>		Area 2	<b>Tehama</b>	95963, 95973	Area 3
<b>Modoc</b>		Area 1	all other Tehama ZIPs	Area 1	
<b>Mono</b>		Area 2	<b>Trinity</b>	95526	Area 3
<b>Monterey</b>	93451	Area 8	all other Trinity ZIPs	Area 1	
	95076	Area 3	<b>Tulare</b>	93631, 93641, 93646, 93654	Area 2
	all other Monterey ZIPs	Area 1	all other Tulare ZIPs	Area 7	
<b>Napa</b>		Area 3	<b>Tuolumne</b>		Area 2
<b>Nevada</b>	95977	Area 3	<b>Ventura</b>	90265 and ZIP codes beginning with 913	Area 5
	all other Nevada ZIPs	Area 2		93252	Area 7
<b>Orange</b>	90638	Area 9		all other Ventura ZIPs	Area 8
	all other Orange ZIPs	Area 4	<b>Yolo</b>		Area 3
<b>Placer</b>	95668, 95692	Area 3	<b>Yuba</b>	95960	Area 2
	all other Placer ZIPs	Area 2	all other Yuba ZIPs	Area 3	
<b>Plumas</b>	95981	Area 3			
	all other Plumas ZIPs	Area 1			

# PPO 3500 (HSA-Compatible) Plan (T160)

These rates are Level 1 (standard) rates. Rates may be higher based on an individual's underwriting review.

Level 1	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
<b>Single</b>									
19 - 29	70	64	61	61	72	61	56	53	54
30 - 34	84	75	72	70	83	69	67	61	63
35 - 39	104	93	90	86	103	85	87	75	75
40 - 44	128	114	107	106	125	106	104	93	93
45 - 49	162	147	147	136	160	133	136	125	125
50 - 54	217	193	188	179	212	178	173	163	159
55 - 59	296	263	244	244	288	242	226	214	214
60 - 64	414	358	332	332	393	330	308	291	292
<b>Subscriber &amp; Spouse</b>									
Under 30	127	110	107	108	125	102	101	93	95
30 - 34	158	142	131	131	158	130	122	113	114
35 - 39	196	174	161	161	194	159	149	138	140
40 - 44	247	220	203	203	245	193	189	175	177
45 - 49	319	284	262	262	316	259	243	225	229
50 - 54	420	374	345	346	417	342	320	297	301
55 - 59	555	495	457	457	551	452	425	407	422
60 - 64	828	640	602	578	739	572	606	501	515
<b>Subscriber &amp; Child</b>									
Under 30	126	114	116	116	134	110	109	104	108
30 - 34	144	130	132	131	153	122	124	114	118
35 - 39	166	149	148	144	173	135	141	126	130
40 - 44	176	158	158	155	185	144	150	135	140
45 - 49	184	166	168	164	196	152	158	144	148
50 - 54	232	206	209	204	244	190	197	179	185
55 - 59	302	269	260	263	302	247	244	240	248
60 - 64	449	360	334	333	408	329	333	286	288
<b>Family</b>									
Under 30	193	172	161	162	192	157	150	145	152
30 - 34	224	200	192	190	223	182	180	166	172
35 - 39	264	235	225	217	265	215	216	190	195
40 - 44	315	280	261	259	312	256	248	222	228
45 - 49	377	336	310	310	374	307	289	267	271
50 - 54	468	417	385	385	465	381	358	331	336
55 - 59	593	528	488	486	589	483	452	444	459
60 - 64	863	672	636	623	778	616	637	536	546
<b>Subscriber &amp; Children</b>									
Under 30	170	153	155	157	180	147	146	140	145
30 - 34	187	169	171	171	199	159	161	151	155
35 - 39	210	189	187	185	220	173	178	162	168
40 - 44	219	197	197	195	231	181	188	172	176
45 - 49	231	205	208	204	242	190	195	180	186
50 - 54	283	252	249	244	290	231	234	215	222
55 - 59	351	312	300	303	348	285	281	276	285
60 - 64	484	407	376	376	454	372	364	323	328
<b>Single Child</b>									
0	89	81	84	86	98	80	79	75	78
1 - 18	62	55	51	51	60	51	47	45	45
<b>2 Children</b>									
0	156	141	143	144	165	135	134	126	130
1 - 18	92	81	78	80	92	75	74	72	74
<b>3+ Children</b>									
0	200	180	182	185	211	172	172	162	168
1 - 18	139	124	118	121	138	113	111	108	111

NOTE: For the "Subscriber & Spouse" and "Family" categories, rates are based on the age of the younger spouse (or younger domestic partner). In some cases, purchasing separate policies for each member may reduce the premium. For children-only contracts, rates are based on the age of the younger child (and the youngest child will be assigned as the subscriber).

Give yourself every advantage...

**good health, a bright smile**



## Why Dental Coverage?

We believe that a good dental plan should:

- Provide quality coverage at affordable rates
- Help minimize the cost of expensive dental care
- Contribute to your overall health

Improve your quality of life, self-confidence and appearance by making good oral health a part of your daily routine and by taking advantage of the benefits offered through our dental plans.

Whether you choose the flexibility of our Dental PPO plan from BC Life & Health Insurance Company or comprehensive coverage at a lower cost with our Dental SelectHMO<sup>SM</sup> plans from Blue Cross of California, you'll get the benefits you need from a company you can trust.

**And our rates are so affordable, they'll make you smile!**

# and financial security.



## Why Term Life Insurance?

Losing a loved one is hard enough without having to worry about financial obligations. Families are often unprepared for this sudden loss, and term life insurance can provide financial support and peace of mind at a difficult time. Here are just a few reasons why you'll want to purchase term life insurance from BC Life & Health Insurance Company:

- It's inexpensive – just pennies a day
- It's easy – no additional forms are required to enroll
- It's convenient – your life and health plan premiums will be on the same bill

For more information on our dental plans or life insurance, ask your Blue Cross agent today!

### Term Life Monthly Rates

Age	\$15,000 benefit	\$30,000 benefit	\$50,000 benefit	\$75,000 benefit	\$100,000 benefit
1-18	\$1.50	\$3.00	N/A	N/A	N/A
19-29	\$2.80	\$5.60	\$9.30	\$11.25	\$13.00
30-39	\$3.25	\$6.50	\$10.80	\$13.50	\$16.00
40-49	\$7.50	\$15.00	\$25.00	\$33.75	\$42.00
50-59	\$20.90	\$41.80	\$69.60	\$97.50	\$125.00
60-65	\$29.40	\$58.80	\$98.00	\$142.50	\$185.00

Ready to Enroll?  
Call Your Blue Cross Agent Today!



Blue Cross of California (BCC) and BC Life & Health Insurance Company (BCL&H) are Independent Licensees of the Blue Cross Association (BCA). The Blue Cross name and symbol are registered service marks of the BCA. The following plans are offered by BCC: PPO Share 2500/1500/1000/500, Individual HMO, HMO Saver, EPO and Dental SelectHMO. The following plans are offered by BCL&H: CORE 5000, Basic PPO 1000/2500, PPO Saver, PPO Share 5000/1000/500, RightPlan PPO 40, 3500 Deductible PPO, PPO 3500 (HSA-Compatible), Short-Term PPO, Tonik, Term Life and Individual PPO Dental.

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Rates and benefits effective 3/1/07

10413 2/07